

445 PARK AVENUE, SUITE 930, NEW YORK, N.Y. 10022 TEL:(212) 541-3806; FAX: (212) 918-9207

WEBSITE: WWW.TDISHIPPING.COM

CONTAINER BOOKING

REQUIRED FIELDS

****PLEASE PRINT CLEARLY****

****LOADING PORT:** _____ ****DESTINATION PORT:** _____

****DESCRIPTION OF THE CARGO:** _____

****CARGO WEIGHT:** _____

****CONTAINER SIZE:** _____

REQUIRED FIELDS

SHIPPER/OWNER INFORMATION

****COMPANY:** _____

****CONTACT NAME:** _____

****PHONE NUMBER:** _____ **FAX NUMBER:** _____

****E-MAIL ADDRESS:** _____

****ADDRESS:** _____

(NO P.O. BOX ADDRESS)

****TAX ID, EIN OR FOREIGN PASSPORT NUMBER:** _____

(SOCIAL SECURITY, STATE DRIVER LICENSE, AND US PASPORT NUMBEERS ARE NOT VALID)

REQUIRED FIELDS

CONSIGNEE INFORMATION (MUST BE A FULL OVERSEAS

ADDRESS)

****NAME:** _____

****ADDRESS & TELEPHONE NUMBER:** _____

(NO P.O. BOX ADDRESS)

****PLEASE FAX US A COPY OF THE BILL OF SALE AND PACKING LIST OF THE CARGO****